

Qualitative Case Review

Northern Region

Fiscal Year 2003

Preliminary Results

Office of Services Review

April 2003

Executive Summary

- 24 cases were reviewed for the Northern Region Qualitative Case Review conducted in February 2003.
- **The overall Child Status score was 100%, with all cases reaching an acceptable level. This meets the exit requirement of 85%.** (All results are preliminary until all case stories have been received.)
- Safety also was acceptable on all cases (100%). Appropriateness of Placement, and Health/Physical Well-being also reached 100%. A decrease was seen on Satisfaction, down to 75.0%, a more pronounced one on Family Functioning and Resourcefulness to 50%, and a concerning decline was noted on Prospects for Permanence, which dropped from 70.8% last year to 41.7% this year.
- **The overall score for System Performance stayed the same as last year with 58.3% acceptable cases. It does not meet the exit requirement set at 85%.**
- Some of the System Performance indicators improved since last year, but there were as many indicators that declined, and some significantly. Among them are Long-term View (from 41.7% to 25%), Functional Assessment (from 54.2% to 41.7%), and Child and Family Participation (from 66.7% to 50%). Positive results were achieved on Plan Implementation, Effective Results, and Caregiver Support. Plan Implementation, at 75%, is the one core indicator that reached the exit requirement of 70%.
- There were no differences in the results when comparing foster care cases with home-based cases. However, when looking at the results by permanency goal, there was a clear weakness in the reunification cases. Only two out of the six cases with a goal of “Return Home” had acceptable results.
- A positive finding, when looking at caseworker experience, is that among the 24 workers reviewed, there were no workers with less than one year of work experience. On the other side, however, it was concerning to see that half of the workforce reviewed had large caseloads (17 or more cases). The cases of these workers performed less well than cases of workers with caseloads of less than 17 cases.
- The analysis of individual indicator scores and overall domain scores show limited areas of improvement as well as areas of decline.

Methodology

The Qualitative Case Review was held the week of February 24-28, 2003. Twenty-four open DCFS cases in the Northern Region were selected and scored. The cases were reviewed by certified reviewers from the Child Welfare Policy and Practice Group (CWPPG), the Office of Services Review (OSR), and the Division of Child and Family Services (DCFS), as well as first time reviewers from DCFS and outside stakeholders. The cases were selected by CWPPG based on a sampling matrix assuring that a representative group of children were reviewed. The sample included children in out-of-home care and families receiving home-based services, such as voluntary and protective supervision and intensive family preservation. Cases were selected to include offices throughout the region.

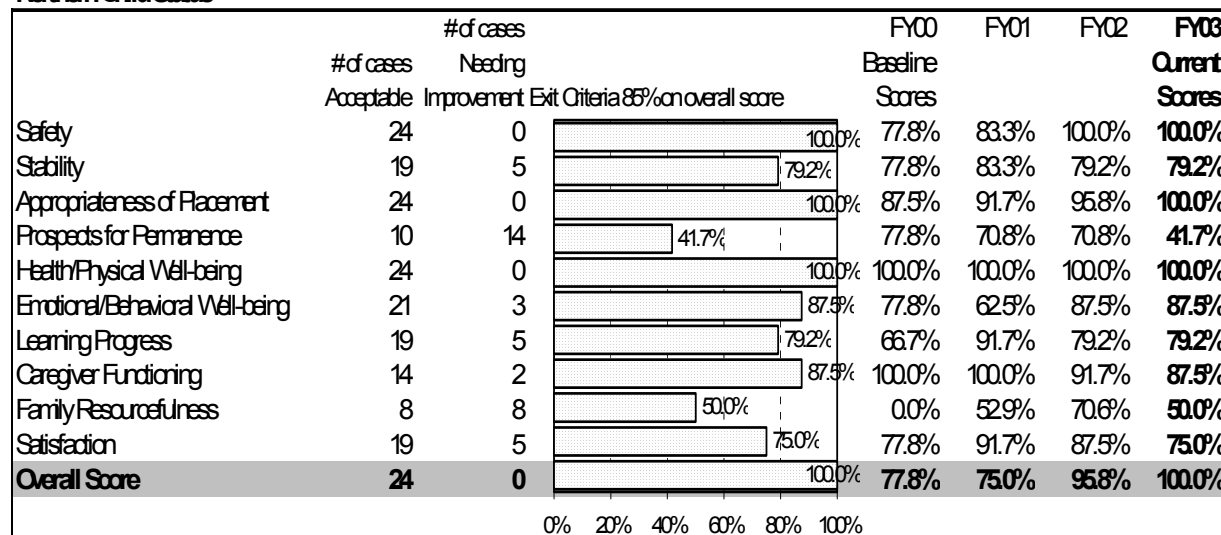
The information was obtained through in-depth interviews with the child (if old enough to participate), his or her parents, or other guardians, foster parents (when placed in foster care), caseworker, teacher, therapist, other service providers, and others having a significant role in the child's life. In addition, the child's file, including prior CPS investigations, and other available records were reviewed.

Performance Tables

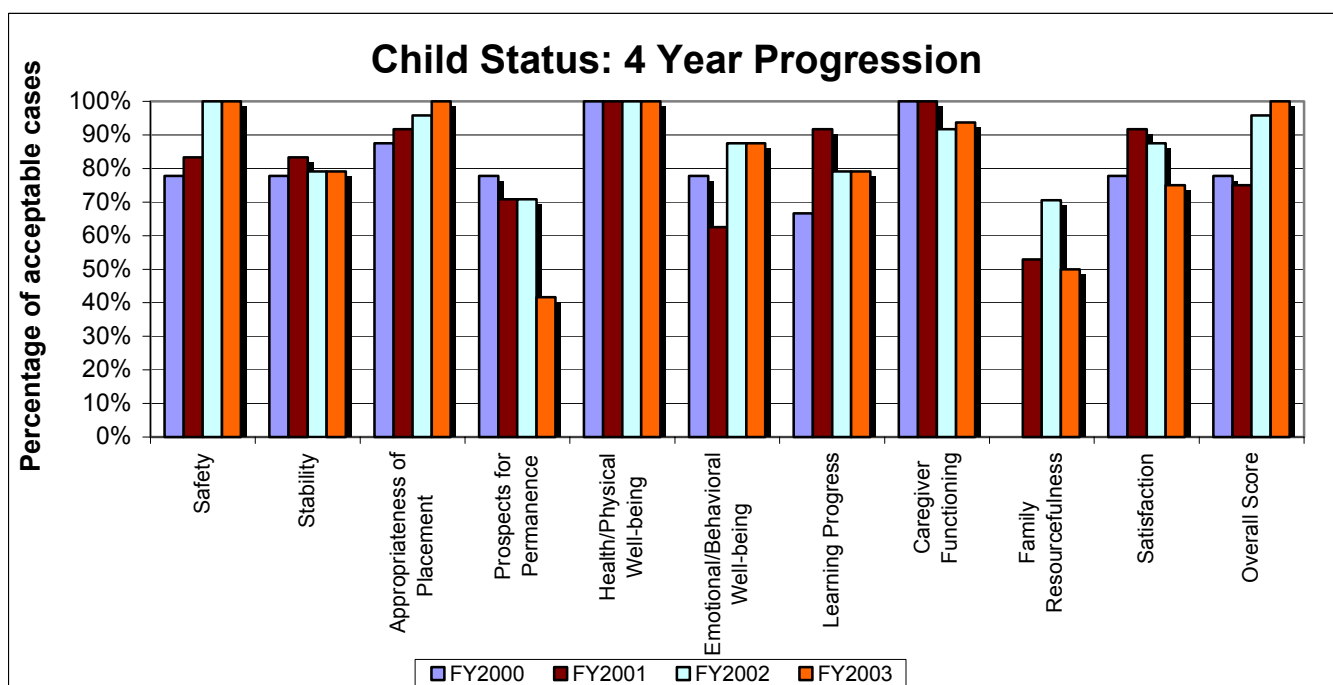
Preliminary data

The results in the following tables are based on the scores provided to OSR at the end of the Northern Region Review. They contain the scores of 24 cases. These results are preliminary only and are subject to change until all reviewers have submitted their case stories.

Northern Child Status



1) This score reflects the percent of cases that had an overall acceptable Child Status score. It is not an average of FY03 current scores.



Note: these scores are preliminary and subject to change

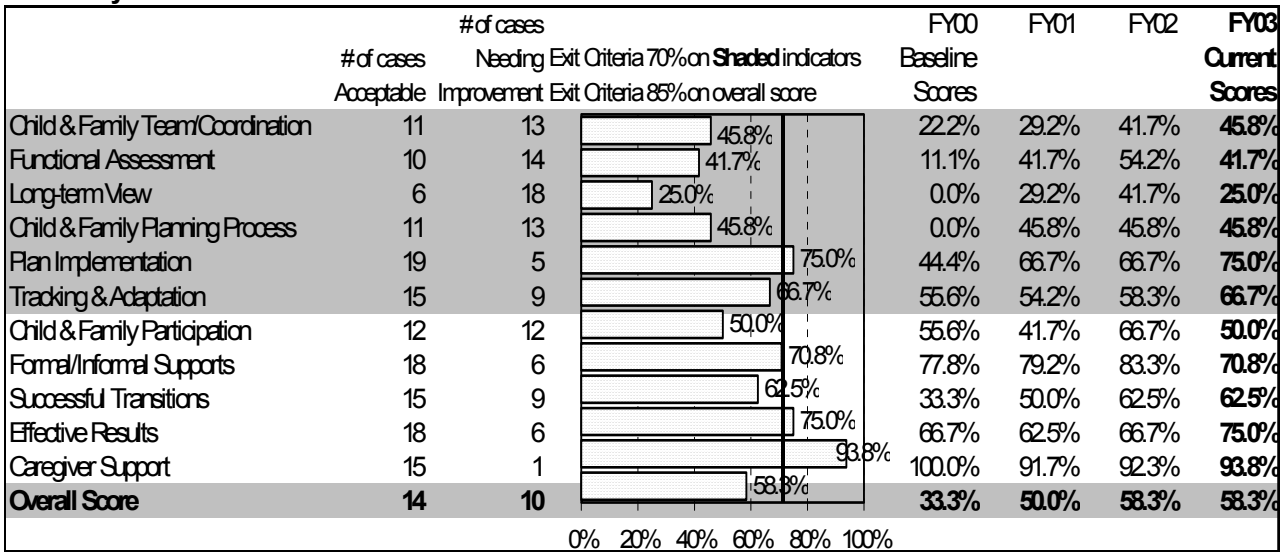
Statistical Analysis of Child Status Results:

The overall Child Status score was 100%, with all cases reaching an acceptable level. This meets the exit requirement of 85% and is the highest score ever reached by Northern Region on Overall Child Status.

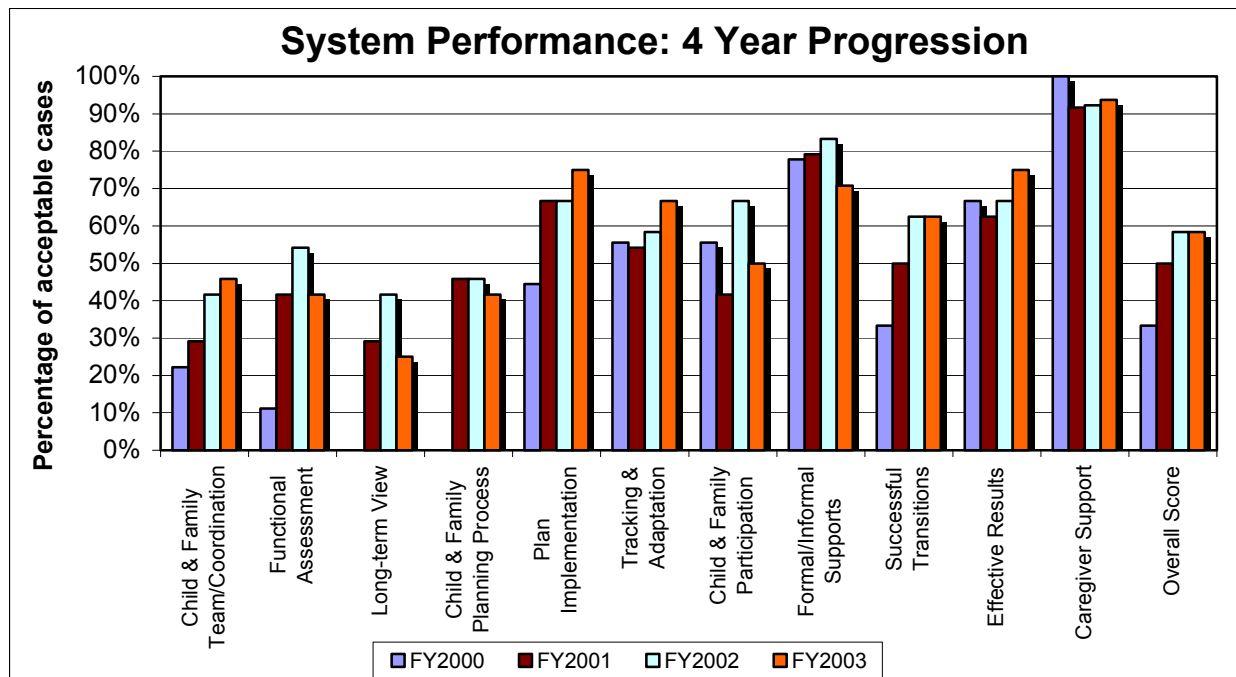
Safety also was acceptable on all cases (100%). No safety concerns were reported on any of the cases reviewed.

Several indicators reached 100%: Safety, Appropriateness of Placement, and Health/Physical Well-being. Positive results were also achieved on Caregiver Functioning (that's the functioning of substitute caregivers, such as foster parents: 87.5%), Emotional/Behavioral Well-being (87.5%), Stability (79.2%), Learning Progress (79.2%), and Satisfaction (75.0%), although Caregiver Functioning and Satisfaction dropped from the last year. There was a pronounced decrease on Family Functioning and Resourcefulness, which went from 70.6% last year to 50% this year. But the most concerning drop occurred on Prospects for Permanence, which dropped from 70.8% last year to 41.7% this year.

Northern System Performance



- 1) This score reflects the percent of cases that had an overall acceptable System Performance score. It is not an average of FY03 current scores.



Note: these scores are preliminary and subject to change

Statistical Analysis of System Performance Results:

The overall score for System Performance stayed the same as last year with 58.3% acceptable cases.

Some of the System Performance indicators improved since last year, but there were as many indicators that declined, and some significantly. Among the System Performance indicators that scored relatively high, at or above 75%, were Plan Implementation (75.0%), Effective Results (75%), and Caregiver Support (93.8%). Child and Family Team and Coordination improved slightly from 41.7% to 45.8% and so did Tracking and Adaptation (from 58.3% to 66.7%). Among the indicators with concerning declines are Long-term View (from 41.7% to 25%), Functional Assessment (from 54.2% to 41.7%), and Child and Family Participation (from 66.7% to 50%). The Planning Process at 45.8% and Successful Transitions at 62.5% stayed at the same level as last year.

One of the six core indicators reached the exit requirement of 70%: Plan Implementation went from 66.7% to 75.0%.

Additional Analysis:

The analysis of individual indicator scores and overall domain scores show limited areas of improvement as well as areas of decline.

- The analysis of individual scores for Northern Region shows two bright spots. In comparison to last year, the total number of indicators that scored a 1 dropped from 15 to 8. In addition, the total number of indicators that scored a 4 improved from 143 to 156.
- The overall picture is not as favorable. The total number of indicators that scored unacceptably grew from 131 in FY2002 to 150 this year. Likewise, the indicators that scored acceptably dropped from 344 to 330.
- In examining the trends in the Overall Scores from last year to this year, we have seen that there are fewer scores of 1 and 2 (Completely Unacceptable and Substantially Unacceptable). Last year there were two *Completely Unacceptable*, this year only one. Last year there were two *Substantially Unacceptable*, this year only one. We also saw a net increase in Minimally Acceptable scores, going from 10 up to 22.
- There were however an increase in Partially Unacceptable scores, from 3 to 8 and a decrease in Optimal scores, from 6 to 3.

ANALYSIS OF DATA

RESULTS BY CASE TYPE AND PERMANENCY GOALS

There were no differences in the results when comparing foster care cases with home-based cases. Seven of the 12 foster care cases had an acceptable overall System Performance (that's 58%), and exactly the same number of home-based cases passed (58%).

It is worth pointing out that there was only one voluntary case (PSC) in the sample and it is among the cases that performed below acceptable levels.

Case Type	# in sample	# Acceptable System Performance	% Acceptable System Performance
Foster Care	12	7	58%
Home-based	12	7	58%

When looking at the Overall System Performance results by Permanency Goal, we find that reunification cases performed clearly below other cases. Only two of the six cases with a goal of "Return Home" had acceptable results. Of the four reunification cases with unacceptable results, two were home-based cases and two were foster care cases.

There were three cases with a goal of "Remain Home" that performed below expectations, two cases with a permanency goal of "Permanent Foster Care", and one case with an "Adoption" goal.

Goal	# in sample	# Acceptable System Performance	% Acceptable System Performance	Average Overall System Perform. Score
Adoption	3	2	67%	4.0
Independent Living	2	2	100%	4.0
Permanent Foster Care	4	2	50%	3.5
Remain Home	9	6	67%	3.6
Return Home	6	2	33%	3.3

RESULTS BY AGE OF TARGET CHILD

The comparison of the results for cases with older and younger children shows only a negligible difference on the Overall System Performance scores. 60% of the cases with

a young child (0 to 12 years) had acceptable System Performance, while 56% of the cases with a teenager did so. It might be worth noting however, that children from 0 to 5 years old scored somewhat higher at 67% on System Performance.

RESULTS BY CASEWORKER DEMOGRAPHICS

Large caseloads, in this review, did seem to have a negative impact on the results. Only 42% of the workers with a large caseload (17 or more cases) had a case that achieved positive results on System Performance, while 75% of the workers with a manageable caseload (16 cases or less) did so. An even more concerning finding, is that half of the workforce reviewed had large caseloads (between 17 to 21 open cases).

Caseload Size	# in sample	# Acceptable System Performance	% Acceptable System Performance
16 cases or less	12	9	75%
17 cases or more	12	5	42%

On the other hand, the good news is that there were no workers with less than a year work experience. Everyone reported having been employed for at least 16 months.

RESULTS BY OFFICES AND SUPERVISORS

The following table displays the overall case results by office and supervisors. The three cases of the Bountiful office and the two cases of the Logan office all had acceptable results (100%). On the other hand, only one of the three Clearfield cases passed (33%). In Ogden only six of the 13 cases reached an acceptable level (46%). In Brigham City, two of the three cases reviewed had acceptable results (67%).

None of the Northern Region supervisors had more than three cases reviewed. This means that it is difficult to make any statements about a team based on three cases or less. However, it is worth pointing out that DeAnn Mugleston's team had three cases with positive results and none that were below expectations. Kevin Jackson's team, on the other hand, had three cases with unacceptable results.

Case#	Office	Supervisor	Child Status	System Performance		System Performance by Office	System Performance by Supervisor	
03N02	Bountiful	DeAnn Mugleston	Acceptable	4	Acceptable	4	3 Acc.	DeAnn Mugleston
03N07	Bountiful	DeAnn Mugleston	Acceptable	5	Acceptable	4	0 Unacc.	3 Acc.
03N17	Bountiful	DeAnn Mugleston	Acceptable	5	Acceptable	4	100%	0 Unacc.
03N06	Brigham	Mark Robertson	Acceptable	6	Acceptable	4	2 Acc.	Mark Robertson
03N08	Brigham	Mark Robertson	Acceptable	4	Unacceptable	3	1 Unacc.	2 Acc.
03N19	Brigham	Mark Robertson	Acceptable	5	Acceptable	5	67%	1 Unacc.
03N14	Clearfield	Chuck Berglund	Acceptable	6	Acceptable	4	1 Acc.	Chuck Berglund
03N16	Clearfield	Chuck Berglund	Acceptable	4	Unacceptable	2	2 Unacc.	1 Acc.
03N03	Clearfield	David Berryman	Acceptable	4	Unacceptable	3	33%	1 Unacc.
03N09	Logan	Dale Robins	Acceptable	5	Acceptable	4	2 Acc.	David Berryman
03N13	Logan	Dale Robins	Acceptable	5	Acceptable	4	0 Unacc.	0 Acc.
							100%	1 Unacc.
03N04	Ogden	Angela Gibson	Acceptable	6	Acceptable	5	6 Acc.	Dale Robins
03N15	Ogden	Angela Gibson	Acceptable	4	Unacceptable	3	7 Unacc.	2 Acc.
03N20	Ogden	Angela Gibson	Acceptable	5	Acceptable	5	46%	0 Unacc.
03N22	Ogden	Aubrey Myers	Acceptable	5	Acceptable	4		100%
03N24	Ogden	Grant Bartholomew	Acceptable	5	Acceptable	5		Angela Gibson
03N01	Ogden	Joe Leiker	Acceptable	5	Acceptable	4		2 Acc.
03N10	Ogden	Kevin Jackson	Acceptable	5	Unacceptable	3		1 Unacc.
03N12	Ogden	Kevin Jackson	Acceptable	4	Unacceptable	3		67%
03N18	Ogden	Kevin Jackson	Acceptable	4	Unacceptable	3		1 Acc.
03N05	Ogden	Nancy Sloper	Acceptable	4	Acceptable	4		0 Unacc.
03N21	Ogden	Nancy Sloper	Acceptable	5	Unacceptable	1		100%
03N23	Ogden	Nancy Sloper	Acceptable	4	Unacceptable	3		Grant Bartholomew
03N11	Ogden	Stephanie Stuart	Acceptable	4	Unacceptable	3		1 Acc.
								0 Unacc.
								100%
								Kevin Jackson
								0 Acc.
								3 Unacc.
								0%
								Nancy Sloper
								1 Acc.
								2 Unacc.
								33%
								Stephanie Stuart
								0 Acc.
								1 Unacc.
								0%

Content Analysis

OSR took a look at the cases that did not reach an acceptable level on System Performance (1-3), as well as a number of other cases that were just minimally acceptable (“4”), to identify some of the practice issues and system barriers that can be addressed (see appendix 1 for selected details of good practice around system performance). The issues that leave room for improvement include:

Functional Assessment

Of the twenty-four cases, there were 10 scores of “4” and 10 scores of “3”, indicating that the region is still struggling with this concept. There were no “5”s or “6”s. Those cases that scored marginally well seemed to have assessments that were updated regularly and/or at key times. The team had a common understanding of the child and family needs or gave enough information to provide for a general direction of the case. The common themes for the other cases were:

- **Team’s not developing the assessment or synthesizing the information.** This example is a case story of a team that includes a foster/adopt family, the child, maternal grandparent, teacher, legal partners, and a stepparent. Instead of pulling the team together to develop a functional assessment the reviewers report, “this functional assessment became an updated social summary prepared by the caseworker, based on information she shared with and learned from individual team members, rather than an examination by the group on how the child and family are functioning across life domains.”
- **Missing underlying issues or not identifying underlying issues. There may be information for the child but other key family members issues have not been adequately assessed.** As an example, in a case where the mother has a history of mental retardation, depression in other family members, and a history of abuse, the reviewers report that this was never collected. They further state, “Moms own underlying needs were not clearly identified and worked on. When so many services are provided which result in no progress there might be underlying needs that were never identified.”
- **The assessment does not have analysis or detail of the information collected in order to draw conclusions. Rather, the assessment is more of a social summary.** In one case where a child was struggling and the therapist describes her as one of his “worse” cases the reviewers reported the “[therapist meant] that she has many underlying needs. The functional assessment needs to better explore these needs and draw some conclusions as to what is behind [the child’s] outward behaviors...”

Recommendation: There may be a continued need for supervisors to address the question with their workers using the question, “Do we know enough to achieve the goal successfully?”¹ Another suggestion may be for Northern region to review good examples

¹ I believe that George Taylor uses the following question, with variations: “Do we know enough to do what we’re about to do/ to do what needs to be done/ to close the case and keep this family independent from child welfare services, etc...”

of functional assessments from other regions, as well as asking workers who have scored particularly well from other regions to explain their methods. In addition, Northern region needs to make sure that the team (including the schools and the therapists) and the family is included in the assessment process.

Child and Family Team/Coordination

As was the case for functional assessment, the bulk of the scores were “3”s and “4”s, nine cases in each category. There were no “1”s this year compared to two last year. However, last year there were seven cases that scored substantially achieved or better compared to only two this year. The case stories revealed the following areas of concern:

- **A team had not been identified or if it had, there were no face-to-face meetings.** In one case that involved a 16 year old who wanted to graduate from high school and attend college, the reviewers report, “a formal team meeting has not been held” for some time. Further, “the caseworker and [parent] both indicated that not only had a team meeting not been held but they had not met face-to-face.”
- **The team was missing key team members such as school personnel.** In this example of a young school aged child a mentor was assigned to her from a previous school and followed her to her new school. By working with the child for an hour or two a day, the mentor has seen “a major improvement in [the child’s] behavior” and seen a “great deal of progress, which she attributes to the small classroom size and increased attention from the teacher. The mentor reported never having been invited to a child and family team meeting and not knowing what the division is working on.”
- **The plan was developed without family input, leading to frustration and dissatisfaction.** In one case the parent describes this as, “never [feeling] the team meetings ‘belonged’ to her. She [felt] that some decisions were made prior to consulting her.” In another case the family brought a friend who was a teacher and member of her church’s women’s group. The mother reports that she did not “feel that the friend she brought to the first team meeting was listened to or respected.”

Recommendation: As the protocol points out, “Team functioning and decision processes should be consistent with the practice model for the system of care...Evidence of team functioning lies in its performance over time and the results it achieves for the child and family.” Specifically, the caseworker needs to make sure that all team members are included in the team and their input is included. Another suggestion is that caseworkers observe family meetings facilitated by those who have demonstrated skill in this area.

Long-Term View

Only six of the 24 cases scored in the acceptable range for Long-Term View, twelve of the cases scoring a “3” or close but not presently acceptable. Many of the problems fell into the following categories:

- **Significant assessment pieces were missing causing an unclear Long-Term View.**
- **Concrete steps were missing on how to achieve the Long-Term View.** In several cases the reviewers report that the view of the team was permanency, or the family being on their own, etc. But what specific steps were needed to reach those goals was not laid out in a clear and concise way. For example in one case the reviewers report, “[the] transition could be more specific...a well crafted plan which outlines the steps to be taken in order to achieve permanency.” Were not found. In another, “the thing that seems to be lacking are the concrete steps in several key areas to get to that goal.” This includes who is responsible and when it will be accomplished.
- **Long-Term perspective not accepted or used by the team or team members.** This is illustrated by the example of a family consisting of a mother whose husband is in prison with three small children under the age of 10. Some of the questions being discussed are where will the family reside and what do they need to do to succeed? The reviewers report, “the goals are several and lack a focus. Some people assume the parents will reunite, others are unsure and grandmother is frightened the children will be sent [out of state].” In another case there was a disagreement about the learning ability of a child between the school and the foster parents. The reviewers report, “This should be resolved so everyone is in agreement regarding [the child’s] ability to learn and progress.”

The “missing pieces” problem seems to be linked to inadequate functional assessments. If the functional assessment lacks important information about family/child functioning, resources (formal and informal), service needs, or fails to identify underlying issues, then it will be difficult to come up with a good plan to insure long-term success for the family and independence from child welfare. The areas of “concrete steps” and the view not being “used” by the team also suggest a linkage to inadequate teaming. Taking concrete steps to implement a well-crafted Long-Term View should be a regular part of ongoing team discussions.

Recommendation: As with the functional assessment, supervisors and managers should regularly reviewing child and family plans and determine whether these plans provide the necessary guidance to the family and the agency to achieve short- and long-term goals.

Planning Process

The planning process indicator was divided up into three categories, four “2”s, 10 “3”s and 10 “4”s. The areas most frequently mentioned as areas needing improvement were:

- **Family members not feeling a part of the planning process.** In the example of a reunification case the reviewers report, “the efforts and supports need to be provided to the mother. These supports have not been offered to her, she was given the service plan and informed what she needs to accomplish to have her

son come back home.” In several other cases the parents all reported that the plan “was developed without their input.”

- **Team members not knowledgeable of plan or they did not feel they were a part of the planning process.** An example was a return home case that included legal partners, child, parent, and teacher the “child and family plan was seen, by those interviewed, as DCFS’s plan and just something that they reviewed periodically and signed off on.” In another case that involved a switch in therapists for a child that had been sexually abused by her mother’s boyfriend, the reviewers indicate, “that the new therapist was unaware of the therapy goals and has not updated the treatment plan.”

Recommendation: Many of the comments seem to point out that the process of engaging the family and using engagement skills may need some additional emphasis. Administration should emphasize the “sequencing” of events. In other words, in its most basic form the planning process entails getting a family team together, assembling information on the family, assessing what needs to be done, the steps needed to accomplish the tasks, determining actions needed to adjust to changing circumstances, who is responsible to get things done, and then track and adapt.

Summary of Interviews with Community Stakeholders and Focus Groups with DCFS Staff Northern Region QCR FY2003

Strengths:

- Peer parents have been utilized as team members much better.
- Training is excellent now.
- Tracking has improved.
- See the workers in the home more; they are more available.
- Has seen more appreciation for foster parents.
- The quality of work is better; the workers know what they are doing.

Barriers:

- Concerned when judges seem to go against the recommendations of the team on a whim.
- Not enough resources available to get Mental Health assessments and inpatient drug treatment in a timely manner.
- Need more structured homes and more Independent Living options for boys in Davis County.
- There was confusion on what was allowed, or what was the process for accessing petty cash type funds to meet specific needs where there wasn't a provider that accepts vouchers.
- PSS cases are being ordered for home studies in cases with a custody dispute but no child welfare issues.

Exit Conference, February 28, 2003

Flip chart notes

STRENGTHS:

- Shared parenting between birth and foster parents
- “Open” adoption putting the needs of the child paramount
- Saw examples in some cases of excellent Long-term View
- Excellent outcomes and wraparound with the Drug Court
- Saw examples of excellent transition plan from the team
- Timing meeting the needs of the children and addressing permanency
- Committed stakeholders and workers
- Good use of In-home and Family Preservation services
- Attentiveness to safety beyond expectations
- Saw several examples of inclusion of the child in the development of the plan
- Great use and support of the informal support system
- Rapid placement from shelter to kinship
- Experienced foster parent providing peer parenting
- Thoughtful transition from foster/adopt home to biological home
- Improvement in the skill level of staff
- Very responsive to community partners
- Community partners are realizing the effectiveness of working as a team
- Foster parent felt very supported by the agency and the other services that they have received

Recommendations:

- Mentoring and modeling to refine practice
- Maximize exposure to QCR process within the region
- Supervisory coaching, observe practice as part of annual evaluations
- Consistent process in facilitating team meetings
- More focus on engagement and preparation of team members for the team meeting
- Use “Practice Champions” within the region to mentor
- Consider using a therapist in the beginning of an investigation/removal to help assess the needs of the child
- Address staff morale

APPENDIX

APPENDIX 1

Content Analysis of cases with scores indicating that good or excellent practice has been achieved on System Performance

Child and Family Team/Coordination

N-09 (SCF) child status was substantial, “5”, and system performance was minimally acceptable, “4”. The case write up indicates good practice around teaming. In part, the story indicates, “...team meetings have been held to monitor progress and discuss changes that need to be made in service direction. The caseworker is seen as the central point of coordination and facilitates most team meetings. The provider recognizes the importance of meeting as a team and has called a team meeting at one point during the case.”

N-19 (PSS) child status was substantial, “5” and system performance was minimally acceptable, “4”. Good practice is described by the following, “The team appears to be complete for this child... A functioning team is in place that has met only twice, but all parties have the information of the direction this case is headed. Contact among the team members is frequent on an informal basis. The caseworker is held in high regard by the professional team members and they see her as the team coordinator.”

N-24 (PSS) child status was substantial, “5” and system performance was substantial, “5”. Good practice in teaming is suggested with the following, “The Case Manager’s use of the Child and Family Team approach to dealing with ‘What could go wrong’ at the time of closing the case for services enabled the family and professionals on the team to plan for worst-case scenarios. This was a wise use of teaming to increase the likelihood of the continued success of this family.”

Long Term View

N-02 (SCF) child status was minimally acceptable, “4” and system performance was minimally acceptable, “4”. Good long-term view practice is described by the following, “The team is generally on the “same page” and updates and adaptations are timely and reflect emerging needs/issues to a degree. All these factors have resulted in an explicit written long-term view, which prescribes a clear path toward achievement of independence.”

Plan Implementation

N-04 (SCF) child status was optimal, “6” and system performance was minimally acceptable, “4”. Substantial practice is described as follows, “The service plan was adapted to changing circumstances. For example, the children’s health issues were addressed through the plan as soon as they were discovered.”

Successful Transition

N-24 (PSS) child status was substantial, “5” and system performance was substantial, “5”. Good practice around transitioning is pointed out by the following, “Prior to the children’s return to their family, the worker made efforts to ensure a smooth transition

between foster and birth family homes. Even after their return to the birth family, the foster mother has maintained contact with them and has assisted the mother in securing medical attention for them by providing transportation to doctors' appointments. At the time the agency determined there was no further need of their services by the family, they called a Child and Family Team meeting to ensure that all needs of the family were being met through their formal and informal support systems."